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Fill in this inforn	nation to identify y	our case and this filing	g:	
Debtor 1	Camron	т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for t	he: District of New J	ersey	
Case number	23-18289			 Check if this is an
				amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Describe Each Residenc	e, Building, Land, or Other Real Estate	You Own or Have an	Interest In
1.		No. Go to Part 2. Yes. Where is the property? 817 Union Landing Rd	e interest in any residence, building, land, or simil. What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
		Street address, if available, or other description Cinnaminson, NJ 08077-2005 City State ZIP Code Burlington County	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Current value of the entire property? \$250,000.00 Describe the nature of you (such as fee simple, tensa a life estate), if known.	Current value of the portion you own? \$250,000.00 our ownership interest
2.	٨٨٨		 ☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another Other information you wish to add about this item property identification number: wn for all of your entries from Part 1, including any 		nunity property
		have attached for Part 1. Write that n	umber here		\$250,000.00
		, ,	nterest in any vehicles, whether they are registered rehicle, also report it on Schedule G: Executory Contra	,	s
3.	Ca □ ☑		y vehicles, motorcycles		

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	3.1	Make:	Chevrolet	Who has an interest in the property? Check one.	Do not deduct secured c	laims or exemptions. Put
		Model:	Traverse	☑ Debtor 1 only		ed claims on Schedule D:
		Wodol.		Debtor 2 onlyDebtor 1 and Debtor 2 only	Creditors with mave Cla	ims Secured by Property.
		Year:	2017	At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Approximate mileage:	145100	Check if this is community property (see	\$7,000.00	\$7,000.00
		Other information:		instructions)		
4.	Wate	ercraft, aircraft, motor l	nomes, ATVs a	nd other recreational vehicles, other vehicles, and	l accessories	
	Exar	mples: Boats, trailers, mo	otors, personal v	watercraft, fishing vessels, snowmobiles, motorcycle a	ccessories	
	√ N	No				
	□ Y	⁄es				
	4.1	Make:		Who has an interest in the property? Check one.		laims or exemptions. Put ed claims on Schedule D:
		Model:		☐ Debtor 1 only ☐ Debtor 2 only	,	ims Secured by Property.
		Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
		Other information:		☐ At least one of the debtors and another	entire property?	portion you own?
				☐ Check if this is community property (see		
				instructions)		
5.			-	vn for all of your entries from Part 2, including any		\$7,000.00
	you	have attached for Part	2. Write that n	umber here		
De	vs+ 2.	Deceribe Ver	. Daraanal a	and Haysahald Itama		
Pa	ırt 3:	Describe Your	r Personal a	and Household Items		
Do y	ou ow	n or have any legal or	equitable inter	est in any of the following items?		Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
6.	Hous	sehold goods and furn	ishings			
	Exar	mples: Major appliances	s, furniture, liner	ns, china, kitchenware		
		No				
	√ Y	es. Describe	Household goo	ds and furnishings including appliances.		\$5,000.00
			Household goo	us and furnishings including appliances.		\$5,000.00
7.	Elec	tronics			_	
			adios: audio. vi	deo, stereo, and digital equipment; computers, printer	s. scanners: music	
		•		cluding cell phones, cameras, media players, games	,,	
		No				
	√ Y	es. Describe	Electronics incl	uding computer, cell phone, tv's etc.		\$1,200.00
			5000000			+ 1,23100

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8.	Collectibles of value
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or
	baseball card collections; other collections, memorabilia, collectibles
	✓ No
	Yes. Describe
_	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and
	kayaks; carpentry tools; musical instruments
	☑ No
	☐ Yes. Describe
10.	Firearms
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment
	□ No
	✓ Yes. Describe 2 - 9mm handguns \$1,000.00
	1 - shotgun
11.	Clothes
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories
	□ No
	✓ Yes. Describe
12.	Jewelry
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,
	silver
	□ No
	✓ Yes. Describe Wedding band and wrist watch. \$200.00
13.	Non-farm animals
	Examples: Dogs, cats, birds, horses
	✓ No
	Yes. Describe
14.	Any other personal and household items you did not already list, including any health aids you did not list
	☑ No
	Yes. Give specific information
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$7,900.00
	for Part 3. Write that number here
De	rt 4: Describe Vour Financial Assets
	rt 4: Describe Your Financial Assets
	ou own or have any legal or equitable Current value of the portion you own? est in any of the following? Do not deduct secured claims or exemptions.

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16.	Cash				
		u nave in your wallet, in your n	ome, in a safe deposit box, and on hand when	you life your petition	
	☐ No ✓ Yes			Cash:	;
	100				
17.	Deposits of money				
			counts; certificates of deposit; shares in credit up multiple accounts with the same institution, list		
	☐ No	,	, , , , , , , , , , , , , , , , , , , ,		
	✓ Yes		Institution name:		
		17.1. Checking account:	PNC Bank		\$4
		17.2. Checking account:	Police and Fire FCU		
		17.3. Savings account:	PNC Bank		\$
		17.4. Savings account:	Police and Fire FCU		
18.	Bonds mutual funds	s, or publicly traded stocks			
	•		rokerage firms, money market accounts		
	√ No				
	☐ Yes	Institution or issuer name:			
		-			
19.	Non-publicly traded s	stock and interests in incorp	orated and unincorporated businesses, incl	uding an interest in an	
	LLC, partnership, and		•	· ·	
	√ No				
	☐ Yes. Give specific				
	information about them	Name of entity:		% of ownership:	
		·		·	
			_		
20.	Government and cor	porate bonds and other nego	otiable and non-negotiable instruments		
-0.	Negotiable instrument	s include personal checks, cas	hiers' checks, promissory notes, and money ord		
	_	<i>ment</i> s are those you cannot tra	nsfer to someone by signing or delivering them		
	✓ No ☐ Yes. Give specific				
	information about				
	them	Issuer name:			
		-			

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21.	Retirement or pension Examples: Interests in		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	☐ No			
	✓ Yes. List each account separately.	Type of account:	Institution name:	
	, ,		Retirement account with USPS	unknown
22.	Security deposits and	prepayments		
	Your share of all unused	d deposits you have ma	de so that you may continue service or use from a company	
	Examples: Agreement others	s with landlords, prepaid	d rent, public utilities (electric, gas, water), telecommunications companies, or	
	√ No			
	☐ Yes	Ir	nstitution name or individual:	
	_	Electric:		
		Gas:		
		Heating oil:		
		_		
		Security deposit on re	ntal unit:	
		Prepaid rent:		
		Telephone:		
		Water:		
		Rented furniture:		
		Other:		
00				
23.	_	or a periodic payment of	f money to you, either for life or for a number of years)	
	√ No			
	☐ Yes	Issuer name and desc	ription:	
0.4		· IDA ·	The Labor to the L	
24.	26 U.S.C. §§ 530(b)(1),		in a qualified ABLE program, or under a qualified state tuition program.	
	✓ No	020/ ((b), and 020(b)(1)	•	
	_	Institution name and d	escription. Separately file the records of any interests.11 U.S.C. § 521(c):	
	☐ Yes	institution name and d	escription. Separately file the records of any interests. IT 0.5.0. § 52 f(c).	
25.	Trusts, equitable or fu	ture interests in prope	erty (other than anything listed in line 1), and rights or powers exercisable	
	√ No			
	Yes. Give specific			
	information about th	em		

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26.	Patents, copyrights, trademarks, trade Examples: Internet domain names, webs	secrets, and other intellectual property ites, proceeds from royalties and licensing agreements		
	√ No			
	Yes. Give specific information about them			
27.	Licenses, franchises, and other general Examples: Building permits, exclusive licenses.	I intangibles enses, cooperative association holdings, liquor licenses, pro	ofessional licenses	
	☑ No			
	Yes. Give specific information about them			
Mone	ey or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	√ No			
	Yes. Give specific information about	1		
	them, including whether you		Federal:	
	already filed the returns and the tax years		State:	
	,		Local:	
		_		
29.	Family support			
	Examples: Past due or lump sum alimon settlement	y, spousal support, child support, maintenance, divorce settl	lement, property	
	√ No			
	Yes. Give specific information		Alimony:	
			Maintenance:	
			Support:	-
			Divorce settlement:	
			Property settlement:	
20	Other emounts company away you			
30.	Other amounts someone owes you	rance payments, disability benefits, sick pay, vacation pay, w	vorkers' compensation	
		id loans you made to someone else	vorkers compensation,	
	√ No			
	☐ Yes. Give specific information			

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31.	Interests in insurance policies	oo; boolth ooyinga account (USA); aradit l	homooyyoor'a ar rantar'a ingyranga	
	Examples: Health, disability, or life insurance	ce; nealth savings account (HSA); credit, i	nomeowners, or renters insurance	
	✓ No ✓ Nome the incurance company			
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you f	rom someone who has died		
	If you are the beneficiary of a living trust, exproperty because someone has died.	pect proceeds from a life insurance polic	y, or are currently entitled to receive	
	√ No			
	Yes. Give specific information			
	L			
33.	Claims against third parties, whether or	not you have filed a lawsuit or made a	demand for payment	
	Examples: Accidents, employment dispute	s, insurance claims, or rights to sue		
	√ No			
	Yes. Describe each claim			
	L			
34.	Other contingent and unliquidated claim claims	s of every nature, including countercla	aims of the debtor and rights to set of	f
	₫ No			
	Yes. Describe each claim			
	L]
35.	Any financial assets you did not already	list		
	₫ No			
	Yes. Give specific information			
	L			
36.	Add the dollar value of all of your entries	from Part 4, including any entries for	nages you have attached	
50.	for Part 4. Write that number here			\$440.00
Pai	rt 5: Describe Any Business-I	Related Property You Own or I	Have an Interest In. List any	real estate in Part 1.
37.	Do you own or have any legal or equitab	le interest in any business-related pro	perty?	
	☑ No. Go to Part 6.			
	Yes. Go to line 38.			
				Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
38.	Accounts receivable or commissions yo	u already earned		
	☑ No			
	Yes. Describe]

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39.	Office equipment, furnish	ngs, and supplies		
		d computers, software, modems, printers, copiers, fax machines, rugs, to	elephones, desks, chairs,	
	electronic devi	3 5		
	✓ No			
	Yes. Describe			
40.		ment, supplies you use in business, and tools of your trade		
	✓ No			
	Yes. Describe			
41.	Inventory			
	✓ No			
	Yes. Describe			
	100. 20001150			
42.	Interests in partnerships	r joint ventures		
	√ No			
	Yes. Describe			
	N:	ne of entity:	% of ownership:	
			,	
	_			
	_			
	_			
43.	Customer lists, mailing li	ts, or other compilations		
	√ No			
	Yes. Do your lists inc	de personally identifiable information (as defined in 11 U.S.C. § 1016	41A)) ?	
	☐ No			
	Yes. Describe			
44	Any hyginogo related are	sorti, voju did not obroody liet		
44.	✓ No	erty you did not already list		
	Yes. Give specific			
	information			
	_			
	_			
	_			
	_			
	_			
	_			
1E	Add the deller value of a	of your entries from Part 5. including any entries for negative.	a attached	
45.	for Part 5. Write that num	of your entries from Part 5, including any entries for pages you hav er here	- attached	\$0.00

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Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an If you own or have an interest in farmland, list it in Part 1.	Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	☑ No. Go to Part 7.	
	☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals	
	Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	☐ Yes	
48.	Crops—either growing or harvested	
	☑ No	
	Yes. Give specific information	
	momation	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	☑ No	
	☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	☑ No	
	Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached	¢0.00
	for Part 6. Write that number here	\$0.00
Pa	rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list?	
	Examples: Season tickets, country club membership	
	☑ No	
	Yes. Give specific information	
	IIIOIIIIAUOII	
5 <i>1</i>	Add the dellar value of all of your entries from Part 7. Write that number have	\$0.00
54.	Add the dollar value of all of your entries from Part 7. Write that number here	

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Pa	rt 8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2		→	\$250,000.00
56.	Part 2: Total vehicles, line 5	\$7,000.00		
57.	Part 3: Total personal and household items, line 15	\$7,900.00		
58.	Part 4: Total financial assets, line 36	\$440.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,340.00	Copy personal property total	+ \$15,340.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$265,340.00

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Fill in this information	to identify your case:			
Debtor 1	Camron	т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:		District of New Jersey	
Case number (if known)	23-18289			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	Exempt					
 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 						
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only one box for each exemption.				
Brief description: 817 Union Landing Rd Cinnaminson, NJ 08077-2005 Line from Schedule A/B: 1.1	\$250,000.00	\$27,900.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)			
Brief description: 2017 Chevrolet Traverse Line from Schedule A/B: 3.1	\$7,000.00	\$0.00 100% of fair market value, up to any applicable statutory limit \$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)			

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Debtor 1	Camron	Т.	Paige	Case number (if know	wn) <u>23-18289</u>	
	First Name	Middle Name	Last Name			
Part 2: A	dditional Page					
3. Are yo	u claiming a homestea	ad exemption of more	than \$189,050?			
(Subje	ct to adjustment on 4/0	1/25 and every 3 years	after that for cases filed o	n or after the date of adjustment.)		
√ No	✓ No					
☐ Ye	☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?					
	No					
	Yes					

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 Debtor 1
 Camron
 T.
 Paige
 Case number (if known) 23-18289

 First Name
 Middle Name
 Last Name

Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: Household goods and furnishings including appliances.	\$5,000.00	\$5,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 6		to any applicable statutory limit	
Brief description: Electronics including computer, cell phone, tv's etc.	\$1,200.00	\$1,200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 7			
Brief description: 2 - 9mm handguns 1 - shotgun Line from Schedule A/B:10	\$1,000.00	\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Well worn men's clothing and footwear. Line from Schedule A/B: 11	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Wedding band and wrist watch. Line from Schedule A/B: 12	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Cash Line from Schedule A/B: 16	\$20.00	\$20.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: PNC Bank Checking account	<u>\$400.00</u>	\$400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:17			
Brief description: PNC Bank Savings account Line from	<u>\$20.00</u>	\$20.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Schedule A/B: 17			

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Debtor 1	Camron	Т.	Paige	Case numb	er (if known) 23-18289
	First Name	Middle Name	Last Name		
Part 2: Addit	ional Page				
•	n of the property a nat lists this prope		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
Police and Fire Checking account	FCU		\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17				
Brief description. Police and Fire Savings account Line from Schedule A/B:			\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

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			JOGUILLI	1 440. 13 01 00
Fill in this inform	ation to identify yo	our case:		
Debtor 1	Camron	т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court f	or the: District of Ne	w Jersey	
Case number (i	f <u>23-18289</u>			
known)				
Official Forr	m 106D			
Omeran con				

Do any creditors have claims secured by your property?

Schedule D: Creditors Who Have Claims Secured by Property

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

	☐ No. Check this box and submit this form✓ Yes. Fill in all of the information below.	to the court with your other schedules. You have noth	ning else to report on t	this form.			
Ρ	art 1: List All Secured Claims						
2.	separately for each claim. If more than one	nore than one secured claim, list the creditor creditor has a particular claim, list the other at the claims in alphabetical order according to the	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.1	SHELLPOINT MORTGAGE	Describe the property that secures the claim:	\$215,093.00	\$250,000.00	\$0.00		
	Creditor's Name 75 BEATTIE PL STE 300	817 Union Landing Rd Cinnaminson, NJ 08077-200	05				
	Number Street GREENVILLE, SC 29601 City State ZIP Code	As of the date you file, the claim is: Check all that Contingent Unliquidated Disputed	t apply.				
	Who owes the debt? Check one.	Nature of lien. Check all that apply.					
	✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit 					
	At least one of the debtors and another	Other (including a right to offset)					
	☐ Check if this claim relates to a community debt						
	Date debt was incurred 11/17/2020	Last 4 digits of account number 1 6 8	9				
	Add the dollar value of your entries in 0	Column A on this page. Write that number here:	\$215,093.00				

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Debtor 1 Case number (if known) 23-18289 Camron Paige Middle Name First Name Last Name Column A Column B Column C Additional Page Amount of claim Value of collateral Unsecured Part 1: that supports this portion After listing any entries on this page, number them beginning with 2.3, Do not deduct the followed by 2.4, and so forth. claim value of collateral. If any 2.2 WESTGATE RESORTS LTD Describe the property that secures the claim: \$11,313.00 \$7,000.00 \$4,313.00 Creditor's Name 2017 Chevrolet Traverse 5601 WINDHOVER DR Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ORLANDO, FL 32819 Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. **☑** Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only ☐ Judgment lien from a lawsuit ■ At least one of the debtors and ☐ Other (including a right to another offset) Check if this claim relates to a community debt

Add the dollar value of your entries in Column A on this page. Write that number here:

11/15/2021 Last 4 digits of account number

\$11,313.00

1 0 4 7

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$226,406.00

Date debt was incurred

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Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Camron First Name	T. Middle Name	Paige Last Name					
Debtor 2	riist Name	Middle Name	Last Name					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	United States Bankruptcy Court for the: District of New Jersey							
Case number	23-18289			_		Chapte if this is an		
(if known)					J	Check if this is an amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B:* Property (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Р	Part 1: List All of Your PRIORI	Y Unsecured Claims						
1.	Do any creditors have priority unset ✓ No. Go to Part 2. ☐ Yes.	ured claims against you?						
2.	List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)							
	(i or all explanation of each type of old	in, see the instructions for this form in the instruction becomes.	Total claim	Priority amount	Nonpriority amount			
2.1	Priority Creditor's Name Number Street	Last 4 digits of account number						
	City State ZIP C	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated						
	Who incurred the debt? Check one.	☐ Disputed						
	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and an □ Check if this claim is for a community debt Is the claim subject to offset? 	Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify						
	☐ No ☐ Yes							

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Paige

Debtor 1

☐ Yes

Camron

First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **√** Yes List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** ACHIEVE PERSONAL LOANS Last 4 digits of account number \$9,890.00 3 6 0 4 Nonpriority Creditor's Name When was the debt incurred? 12/15/2022 1875 S GRANT ST STE 400 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAN MATEO, CA 94402 Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt **☑** Other. Specify Unsecured Is the claim subject to offset? **☑** No ☐ Yes NETCREDIT/TABLOC Last 4 digits of account number \$1,908.00 X X X X Nonpriority Creditor's Name When was the debt incurred? 11/17/2022 175 W JACKSON BLVD Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO, IL 60604 Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans ■ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ■ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify <u>LineOfCredit</u> Is the claim subject to offset? **☑** No

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Debtor 1 Camron T. Paige Case number (if known) 23-18289
First Name Middle Name Last Name

Pa	rt 2: Your	NONPRIORITY Unsec	ured Claims —	Continuation Page	
After	· listing any entr	ies on this page, numbe	r them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim
4.3	New Jersey Am Nonpriority Cred Po Box 371331 Number Pittsburgh, PA City Who incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one	nerican Water litor's Name Street 15250-7331 State he debt? Check one. ly ly d Debtor 2 only of the debtors and anothe s claim is for a communication.	ZIP Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did no priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify	\$450.00
4.4	Debtor 1 onl Debtor 2 onl Debtor 1 and At least one	Street State he debt? Check one. by by d Debtor 2 only of the debtors and anothe s claim is for a communication.		Last 4 digits of account number 5 1 0 3 When was the debt incurred? 10/18/2021 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did no priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unsecured	\$6,195.00

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Document Debtor 1 Camron Paige Case number (if known) 23-18289

Last Name

Middle Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims –	Continuation Page		
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	orth.	Total claim
4.5	POLICE AND FIRE FEDE	Last 4 digits of account number	2 7 0 6	\$20,604.00
	Nonpriority Creditor's Name	When was the debt incurred?	5/13/2021	
	3333 STREET RD	when was the debt incurred?	5/13/2021	
	Number Street			
		As of the date you file, the claim i	s: Check all that apply.	
	BENSALEM, PA 19020	☐ Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	l claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	Obligations arising out of a sepa	ration agreement or divorce tha	t you did not report as
	At least one of the debtors and another	_ priority claims	· ·	•
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharin☑ Other. Specify <u>CreditCard</u>	g plans, and other similar debts	
	Is the claim subject to offset?			
	√ No			
	☐ Yes			
4.0				
4.6	POLICE AND FIRE FEDE	Last 4 digits of account number	0 0 1 0	\$12,096.00
	Nonpriority Creditor's Name	When was the debt incurred?	10/25/2018	
	3333 STREET RD	•		
	Number Street	As of the date you file, the claim i	s: Check all that apply	
		Contingent	5. Oncor all that apply.	
	BENSALEM, PA 19020	Unliquidated		
	City State ZIP Code	☐ Disputed		
	Who incurred the debt? Check one.	_ Disputed		
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	l claim:	
	☐ Debtor 2 only	☐ Student loans		
	☐ Debtor 1 and Debtor 2 only	Obligations arising out of a sepa	ration agreement or divorce tha	t you did not report as
	☐ At least one of the debtors and another	priority claims		
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharin☑ Other. Specify AutoLoan	g plans, and other similar debts	
	le the eleim publicat to effect?	Other. Specify AutoLoan		
	Is the claim subject to offset?			
	☑ No			
	Yes			
4.7	POLICE AND FIRE FEDE	Last 4 digits of account number	0 0 0 6	\$7,252.00
	Nonpriority Creditor's Name			
	3333 STREET RD	When was the debt incurred?	11/9/2021	
	Number Street	•		
		As of the date you file, the claim i	s: Check all that apply.	
	BENSALEM, PA 19020	Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one	☐ Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured	l claim·	
	☑ Debtor 1 only □ Debtor 2 only	☐ Student loans		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Obligations arising out of a sepa	ration agreement or divorce tha	t vou did not report as
	☐ At least one of the debtors and another	priority claims	and agreement of divorce the	a you are not report as
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharin	g plans, and other similar debts	
	- Sheek if this claim is for a community dept	✓ Other. Specify <u>Unsecured</u>		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			

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Debtor 1 Camron T. Paige Case number (if known) 23-18289

Last Name

Middle Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page		
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so for	th.	Total claim
4.8	PSE & G	Last 4 digits of account number	8 9 0 4	\$200.00
	Nonpriority Creditor's Name	When the debt in sum do		
	Po Box 14444	When was the debt incurred?		
	Number Street			
		As of the date you file, the claim is	: Check all that apply.	
	New Brunswick, NJ 08906-4444	☐ Contingent		
	City State ZIP Code	☐ Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	Obligations arising out of a separate	ation agreement or divorce that y	ou did not report as
	☐ At least one of the debtors and another	priority claims		
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing☑ Other. Specify Utility	plans, and other similar debts	
	Is the claim subject to offset?	· · · · · · · · · · · · · · · · · · ·		
	☑ No			
	Yes			
4.9	SALLIE MAE BANK INC	Last 4 digits of account number	8 4 4 4	\$6,578.00
	Nonpriority Creditor's Name	Last 4 digits of account number	0 	Ψ0,570.00
	PO BOX 3229	When was the debt incurred?	2/16/2023	
	Number Street			
		As of the date you file, the claim is	: Check all that apply.	
	WILMINGTON, DE 19804	☐ Contingent		
	City State ZIP Code	Unliquidated		
	,	Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured	claim·	
	Debtor 1 only	☑ Student loans	olaliii.	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separ.	ation agreement or divorce that y	ou did not report as
	✓ At least one of the debtors and another	priority claims	and agreement of arreled that y	you ald hot ropolt do
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing	plans, and other similar debts	
	•	Other. Specify		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			
4.10	SUNNOVA ENERGY CORPORA	Last 4 digits of account number	X X X X	\$56,428.00
	Nonpriority Creditor's Name	-		
	24 GREENWAY PLZ STE 1515	When was the debt incurred?	6/7/2021	
	Number Street			
		As of the date you file, the claim is	: Check all that apply.	
	HOUSTON, TX 77046	Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	☑ Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	Obligations arising out of a separ	ation agreement or divorce that y	ou did not report as
	☐ At least one of the debtors and another	priority claims		•
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing	plans, and other similar debts	
	In the plaim publicat to offeet?	✓ Other. Specify <u>UtilityCompany</u>		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			

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Debtor 1 Camron T. Document Page 22 of 60
Paige Case number (if known) 23-18289

Last Name

Middle Name

After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	otal claim			
4.11	SYNCB/HOME DESIGN HVAC	Last 4 digits of account number 4 0 3 8	\$6,105.00			
	Nonpriority Creditor's Name		ψ0,100.00			
	C/O PO BOX 965036	When was the debt incurred? 11/17/2022				
	Number Street	•				
		As of the date you file, the claim is: Check all that apply.				
	ORLANDO, FL 32896	☐ Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
		Type of NONPRIORITY unsecured claim:				
	☑ Debtor 1 only ☐ Debtor 2 only	☐ Student loans				
	Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not it 	report as			
	☐ At least one of the debtors and another	priority claims	. opon do			
	☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts				
	<u> </u>	☑ Other. Specify <u>ChargeAccount</u>				
	Is the claim subject to offset?					
	☑ No					
	☐ Yes					
4.12	SYNCB/PC RICHARD	Last 4 digits of account number X X X X	\$1,679.00			
	Nonpriority Creditor's Name	East 4 digits of docodint fidinger	ψ1,070.00			
	PO BOX 965036	When was the debt incurred? 7/1/2018				
	Number Street	•				
		As of the date you file, the claim is: Check all that apply.				
	ORLANDO, FL 32896	☐ Contingent				
	City State ZIP Code	□ Unliquidated				
	When the summed the schools of the s	☐ Disputed				
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
	Debtor 1 only	☐ Student loans				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce that you did not report as				
	At least one of the debtors and another	priority claims	roport as			
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts				
	a check if this claim is for a community dest	☑ Other. Specify ChargeAccount				
	Is the claim subject to offset?					
	☑ No					
	☐ Yes					
4.13	SYNCB/PC RICHARDS	Last 4 digits of account number 3 3 3 7	\$2,101.00			
	Nonpriority Creditor's Name	Last 4 digits of account number 3 3 3 7	ψ2,101.00			
	PO BOX 71757	When was the debt incurred? 7/1/2018				
	Number Street	•				
		As of the date you file, the claim is: Check all that apply.				
	PHILADELPHIA, PA 19176	☐ Contingent				
	City State ZIP Code	Unliquidated				
	•	☐ Disputed				
	Who incurred the debt? Check one.	Type of NONDRIORITY unaccured elemen				
	Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loansObligations arising out of a separation agreement or divorce that you did not it	roport co			
	Debtor 1 and Debtor 2 only	priority claims	report as			
	At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Check if this claim is for a community debt	☑ Other Specify ChargeAccount				
	Is the claim subject to offset?					
	☑ No					
	☐ Yes					

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Debtor 1 Camron T. Document Page 23 of 60
Paige Case number (if known) 23-18289

Last Name

Middle Name

After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	orth.	Total claim
4.14				
	SYNCB/SCORE REWARDS DC Nonpriority Creditor's Name	Last 4 digits of account number	6 9 3 9	\$7,570.00
	• •	When was the debt incurred?	3/22/2019	
	PO BOX 965005 Number Street			
	Trumbol Chook	As of the date you file, the claim is	s: Check all that apply.	
	ODLANDO EL 2000	☐ Contingent		
	ORLANDO, FL 32896 City State ZIP Code	☐ Unliquidated		
	,	☐ Disputed		
	Who incurred the debt? Check one.			
	Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only	Obligations arising out of a sepa priority claims	ration agreement or divorce that you did	not report as
	At least one of the debtors and another	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Check if this claim is for a community debt	✓ Other. Specify CreditCard	g p	
	Is the claim subject to offset?	<u> </u>		
	☑ No			
	☐ Yes			
4.15	TBOM - GENESIS RETAIL	Last 4 digits of account number	9 3 2 4	\$4,772.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/6/2017	
	PO BOX 4499	when was the debt incurred?	176/2017	
	Number Street			
		As of the date you file, the claim is	s: Check all that apply.	
	BEAVERTON, OR 97076	Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
		Type of NONPRIORITY unsecured	claim:	
	☑ Debtor 1 only	☐ Student loans	· Olamii	
	Debtor 2 only		ration agreement or divorce that you did	I not report as
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	priority claims	nation agreement of divorce that you did	Thorreport as
		☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Check if this claim is for a community debt	✓ Other. Specify <u>CreditCard</u>		
	Is the claim subject to offset?			
	☑ No			
	☐ Yes			
4.46				
4.16		Last 4 digits of account number	6 5 4 6	\$2,282.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/12/2022	
	PO BOX 31535TA-74			
	Number Street	As of the data you file the plains i	a. Chaola all that amply	
		As of the date you file, the claim is	s: Cneck all that apply.	
	TAMPA, FL 33631	☐ Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	✓ Debtor 1 only	Type of NONPRIORITY unsecured	claim:	
	Debtor 2 only	☐ Student loans		
	Debtor 1 and Debtor 2 only		ration agreement or divorce that you did	not report as
	☐ At least one of the debtors and another	priority claims	agreement of diverse that you die	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharin	g plans, and other similar debts	
	- Sheek ii tiiis ciaiiii is ioi a community debt	✓ Other. Specify <u>CreditCard</u>		
	Is the claim subject to offset?			
	☑ No			
	Yes			

Filed 10/15/23 Entered 10/15/23 12:03:37 Case 23-18289-ABA Doc 10 Desc Main Page 25 of 60 Document Debtor 1 Camron Paige Case number (if known) 23-18289 First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. 1. NJ American Water On which entry in Part 1 or Part 2 did you list the original creditor? Name ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.3 of (Check one): 1 Water Street ☑ Part 2: Creditors with Nonpriority Unsecured Claims Number Street

Last 4 digits of account number

ZIP Code

State

Camden, NJ 08102

City

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Debtor 1 Camron T. Paige Case number (if known) 23-18289

Last Name

Middle Name

6. Total the a	moun	the Amounts for Each Type of Unsecured Claim ts of certain types of unsecured claims. This information is	for st	atist	tical reporting purposes only. 28 U.S.C. § 159.
Add the ar	nount	s for each type of unsecured claim.			
					Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00
IIOIII Part I	6b.	Taxes and certain other debts you owe the government	6b.		\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.		\$0.00
					Total aladas
					Total claim
Total claims from Part 2	6f.	Student loans	6f.		\$6,578.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+	\$139,532.00
	6j.	Total. Add lines 6f through 6i.	6j.		\$146,110.00

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Fill in this information	n to identify your case:	:		
Debtor 1	Camron	Т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bankı	ruptcy Court for the:		District of New Jersey	
Case number (if known)	23-18289			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom y	you hav	ve the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City	S	State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City	S	State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City	S	State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City	S	State	ZIP Code	

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Fill in	this information	to identify your ca	ase:		
Deb	otor 1	Camron	т.	Paige	
		First Name	Middle Name	Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	
Uni	ted States Bankru	uptcy Court for the	e:	District of New Jersey	у
	se number nown)	23-18	289		Check if this is an amended filing
Offi	cial Form	106H			
Scl	nedule H	 I: Your C	odebtors		12/15
togeth in the	ner, both are equa	ally responsible	for supplying correct	ct information. If more sp	Be as complete and accurate as possible. If two married people are filing space is needed, copy the Additional Page, fill it out, and number the entries Additional Pages, write your name and case number (if known). Answer
1.	Do you have an	y codebtors? (If	you are filing a joint	case, do not list either sp	spouse as a codebtor.)
	□No				
	√ Yes				
2.		•		nity property state or terr Texas, Washington, and	rritory? (Community property states and territories include Arizona, California, d Wisconsin.)
	☑ No. Go to line	e 3.			
	Yes. Did you	r spouse, former	spouse, or legal equ	uivalent live with you at th	he time?
	☐ No				
	Yes. In wh	nich community s	tate or territory did y	ou live?	Fill in the name and current address of that person.
	Name				
	Number	Street			
	City		State ZIP Cod	de	
3.	again as a code	btor only if that	person is a guarant	or or cosigner. Make sur	debtor if your spouse is filing with you. List the person shown in line 2 are you have listed the creditor on <i>Schedule D</i> (Official Form 106D), also <i>Schedule D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.
	Column 1: Your c	odebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3.1	Paige, Alexis				Schedule D, line
	Name				

Schedule G, line

817 Union Landing Rd

Number

City

Street

Cinnaminson, NJ 08077-2005

State

ZIP Code

Ca	ISE 23-18289-A	BA DOC 10	Document	Page 29 of 60
Fill in this information	ation to identify your ca	ise:		
Debtor 1	Camron First Name	T. Middle Name	Paige Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	Check if this is: ☐ An amended filing
United States Bankruptcy Court for the: Case number 23-18289 (if known)		District of New J	An amended filling A supplement showing postpetition chapter 13 income as of the following date:	
Official Fo	rm 106l			MM / DD / YYYY
Schedule	e I: Your Ind	come		12/15_
information. If you	u are married and not	filing jointly, and yo	ur spouse is living	gether (Debtor 1 and Debtor 2), both are equally responsible for supplying correct g with you, include information about your spouse. If you are separated and your If more space is needed, attach a separate sheet to this form. On the top of any

additional pages, write your name and case number (if known). Answer every question.

Describe Employment 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. **✓** Employed □ Not Employed ☐ Employed ☑ Not Employed If you have more than one job, **Employment status** attach a separate page with information about additional Occupation Mail Carrier employers. Employer's name United States Postal Service Include part time, seasonal, or self-employed work. **Employer's address** Occupation may include student Number Street Number Street or homemaker, if it applies. Cinnaminson, NJ City State Zip Code City State Zip Code How long employed there? 6 months Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll \$4,614.82 \$0.00 deductions.) If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. \$0.00 \$0.00 4. Calculate gross income. Add line 2 + line 3. \$4,614.82 \$0.00

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Debtor 1 Camron T. Paige Case number (if known) 23-18289

Last Name

Middle Name

			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$4,614.82	\$0.00	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$700.59	\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$700.59	\$0.00	
7.	. ,	7.	\$3.914.23	\$0.00	
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<u> </u>		
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive	00.	Ψ0.00	φο.ου_	
	Include cash assistance and the value (if known) of any non-cash				
	assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h.	+\$0.00	+\$0.00	
	on. Calci monary moonic. opeony.	OH.			-
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse	10.	\$3,914.23	+ \$0.00	\$3,914.23
11.	State all other regular contributions to the expenses that you list in Sched	lule J.			_
	Include contributions from an unmarried partner, members of your household friends or relatives.		ependents, your roomm	nates, and other	
	Do not include any amounts already included in lines 2-10 or amounts that a	are not av	ailable to pay expenses	s listed in Schedule J.	
	Specify:			11.	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical		,	ncome. Write that 12	\$3,914.23
					Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this fo	orm?			
	✓ No. ☐ Yes. Explain:				

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Fill in this informatio	n to identify your case	:		
Debtor 1	Camron	т.	Paige	Check if this is:
	First Name	Middle Name	Last Name	☐ An amended filing
Debtor 2				•
(Spouse, if filing)	First Name	Middle Name	Last Name	A supplement showing postpetition chexpenses as of the following date:
United States Bank	cruptcy Court for the:		District of New Jersey	
Case number	23-18289)		MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household								
1. Is this a joint case? ✓ No. Go to line 2. ✓ Yes. Does Debtor 2 live in a separate No ✓ Yes. Debtor 2 must file	arate household? Official Form 106J-2, <i>Expenses for</i>	Separate Household of Debtor 2.						
Do you have dependents? Do not list Debtor 1 and Debtor 2.	☐ No ☑ Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?				
Do not state the dependents' names.	Tor odon dopondom	Spouse	28	_ □ _{No.} ☑ _{Yes.}				
names.		Child	7	_ □No. ☑ Yes.				
		Child	5	_ □No. ☑ Yes.				
		Child	4	_ □ _{No.} ☑ _{Yes.}				
		Child	1	_ □ _{No.} ☑ _{Yes.}				
		* See Additional Page for Additional	al Dependents					
Do your expenses include expenses of people other than yourself and your dependents?	√ No □ _{Yes}							
Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)								
4. The rental or home ownership experience for the ground or lot.	enses for your residence. Include f	first mortgage payments and any rent	4	\$1,641.00				
If not included in line 4:								
4a. Real estate taxes			4a	\$0.00				
4b. Property, homeowner's, or renter	's insurance		4b	\$0.00				
4c. Home maintenance, repair, and	upkeep expenses		4c	\$10.00				
4d. Homeowner's association or con	dominium dues		4d	\$0.00				

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Debtor 1 Camron T. Paige Case number (if known) 23-18289
First Name Middle Name Last Name

	Y	our expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
5. Utilities:		
6a. Electricity, heat, natural gas	6a. <u>—</u>	\$175.00
6b. Water, sewer, garbage collection	6b	\$50.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$200.00
6d. Other. Specify: cell phone service	6d	\$220.00
. Food and housekeeping supplies	7	\$550.00
Childcare and children's education costs	8	\$75.00
Clothing, laundry, and dry cleaning	9	\$100.00
Personal care products and services	10.	\$50.00
Medical and dental expenses	11	\$50.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12	\$200.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$20.00
4. Charitable contributions and religious donations	14.	\$0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 		
15a. Life insurance	15a. —	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$113.00
15d. Other insurance. Specify:	15d	\$0.00
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16.	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	\$456.00
	17b	\$0.00
17b. Car payments for Vehicle 2	17c.	\$0.00
17c. Other. Specify:	17d.	\$0.00
17d. Other. Specify:		ψ0.00
 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 	18	\$0.00
19. Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	9.	
20a. Mortgages on other property	20a. <u> </u>	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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btor 1	Camron	Т.	Paige	Case number (if known)	Case number (if known) 23-18289		
	First Name	Middle Name	Last Name				
1. Other. Spe	ecify:			21. +	\$0.00		
2. Calculate	your monthly exp	enses.					
22a. Add	lines 4 through 21.			22a	\$3,910.00		
22b. Copy	/ line 22 (monthly e	expenses for Debtor 2),	if any, from Official Form 106J-2	22b	\$0.00		
22c. Add I	line 22a and 22b. T	he result is your month	ly expenses.	22c	\$3,910.00		
23. Calculate	your monthly net	income.					
23a. Copy	/ line 12 (your coml	bined monthly income)	23a. <u> </u>	\$3,914.23			
23b. Copy	your monthly expe	enses from line 22c abo	23b. _	\$3,910.00			
23c. Subti	ract your monthly e	expenses from your mor	thly income.				
The	result is your mont	hly net income.	23c	\$4.23			
24. Do you ex	vnoet an increase o	or docroseo in your over	penses within the year after you file th	us form?			
For examp	ple, do you expect	to finish paying for your	car loan within the year or do you expert of a modification to the terms of your	ect your			
√ No.	None						

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Debtor 1	Camron	T.	Paige		Case number (if kno	wn) <u>23-18289</u>
	First Name	Middle Name	Last Name			
2. Addition	nal Dependents			Dependent's relationship to Debtor 1 or Debtor 2 Child Sibling	Dependent's age 5 months	Does dependent live with you? □ No. ☑ Yes. □ No. ☑ Yes.

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Fill in this information to identify your case:							
Debtor 1	Camron	т.	Paige				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankı	ruptcy Court for the:		District of New Jersey				
Case number (if known)	23-18289						

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
olid you pay or agree to pay someone who is NOT an	attorney to help you fill out hankruptcy forms?
No	automey to help you mil out bank upley forms:
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
nder penalty of perjury, I declare that I have read the	summary and schedules filed with this declaration and that they are true and correct.
nder penalty of perjury, I declare that I have read the	summary and schedules filed with this declaration and that they are true and correct.
	summary and schedules filed with this declaration and that they are true and correct.
Inder penalty of perjury, I declare that I have read the /s/ Camron T. Paige Camron T. Paige, Debtor 1	summary and schedules filed with this declaration and that they are true and correct.
X /s/ Camron T. Paige	summary and schedules filed with this declaration and that they are true and correct.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In re	F	Paige, Camron T.									
					Case No.	23-18289	_				
Debto	or				Chapter	7	-				
			DISCLOSURE OF C	OMPENSATION OF A	ATTORNEY	FOR DEBTOR					
1.	con	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:									
	For	r legal services, I	have agreed to accept				\$1,662.00				
	Prio	or to the filing of t	his statement I have receive	d		<u> </u>	\$1,662.00				
	Bal	lance Due				<u> </u>	\$0.00				
2.	The	e source of the co	ompensation paid to me was:	:							
		Debtor	Other (specify)								
3.	The	The source of compensation to be paid to me is:									
	√	Debtor	Other (specify)								
4.		☑ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.									
		=	o share the above-disclosed the agreement, together with	•	-		-				
5.	In r	return for the abov	ve-disclosed fee, I have agre	eed to render legal service	for all aspects of	of the bankruptcy c	ase, including:				
	a.	Analysis of the bankruptcy;	debtor's financial situation,	and rendering advice to the	e debtor in dete	ermining whether to	file a petition in				
	b.	Preparation and	d filing of any petition, sched	dules, statements of affairs	and plan which	may be required;					
	C.	Representation	of the debtor at the meeting	g of creditors and confirmat	tion hearing, an	d any adjourned he	earings thereof;				
6.	By	agreement with the	he debtor(s), the above-discl	losed fee does not include	the following se	ervices:					

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B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/13/2023 /s/ Eric J Clayman

Date Eric J Clayman

Signature of Attorney

Bar Number: 015341985 CLAYMAN LAW LLC 1814 EAST ROUTE 70 350 Cherry Hill, NJ 08003 Phone: (856) 777-5877

CLAYMAN LAW LLC

Name of law firm

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Fill in this information	n to identify your ca	se:		
Debtor 1	Camron	т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the	: <u> </u>	District of New Jersey	
Case number (if known)	23-182	89		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$250,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$15,340.00
1c. Copy line 63, Total of all property on Schedule A/B	\$265,340.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$226,406.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$146,110.00
Your total liabilities	\$372,516.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$3,914.23
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$3,910.00

	Case 23-1828	9-ABA D0C		ge 39 of 60	0/15/23 12:03:37	Desc Main
Debto		Т.	Paige		Case number (if known) 23-18289
	First Name	Middle Name	Last Name			
Part	4: Answer These Oues	tions for Adminis	strative and Statistical R	Records		
ui t	7. 7. 13Wei These Ques	tions for Adminis	trative and Statistical is	teeorus		
a Ara	you filing for bankruptcy u	ador Chantoro 7 11	or 122			
		• • •	form. Check this box and sul	bmit this form to the	court with your other schec	dules.
_	Yes				,	
7. W h	at kind of debt do you have	?				
•	Your debts are primarily co	nsumer debts. Cons	sumer debts are those "incurre	ed by an individual p	orimarily for a personal,	
	family, or household purpose	e." 11 U.S.C. § 101(8). Fill out lines 8-9g for statisti	ical purposes. 28 U.	.S.C. § 159.	
Ц	Your debts are not primarily this form to the court with your	y consumer debts. \	ou have nothing to report on	this part of the form	Check this box and submit	t
	and form to the boart with ye	Tan outlot contourios.				
3. Fro	m the Statement of Your Cu	rrent Monthly Incom	ne: Copy your total current mo	onthly income from (Official	
	m 122A-1 Line 11; OR , Form				J. 113.13.	\$2,863.67
			D			
e. Cop	py the following special cate	gories of claims fro	m Part 4, line 6 of Schedule E	=/F:		
					Total claim	
					Total olalili	
F	From Part 4 on Schedule E/F	copy the following				
98	a. Domestic support obligatio	ns (Copy line 6a.)			\$0.00	
9k	b. Taxes and certain other de	bts you owe the gove	ernment. (Copy line 6b.)		\$0.00	
					_	
90	c. Claims for death or person	al injury while you we	ere intoxicated. (Copy line 6c.)	\$0.00	
90	d. Student loans. (Copy line 6	Sf.)			<u>\$6,578.00</u>	

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$6,578.00

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Fill in this information	n to identify your case:			
Debtor 1	_Camron	т.	Paige	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:			District of New Jersey	
Case number (if known)	23-18289			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your current	marital status?				
Married					
Not married					
During the last 3 year	s, have you lived anywher	e other than where you li	ive now?		
☐ No					
Yes. List all of the	places you lived in the last	3 years. Do not include w	here you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
			☐ Same as Debtor 1		☐ Same as Debtor 1
420 Bridge St		From			From
Number Street		November	Number Street		
Beverly, NJ 08010-34	02	_ To 2020			_
City	State ZIP Code	-	City	State ZIP Code	-
			☐ Same as Debtor 1		☐ Same as Debtor 1
		From			From
lumber Street		То	Number Street		
City.	State ZIP Code	-	City	State ZIP Code	- -
City	State ZIP Code		City	State ZIF CODE	
	s, did you ever live with a				munity property states an
<i>ritories</i> include Arizon ∕ I No	a, California, Idaho, Louisia	ana, Nevada, New Mexico	, Puerto Rico, Texas, Wash	lington, and Wisconsin.)	
_					
🔲 Yes. Make sure yo	u fill out Schedule H: Your	Codebtors (Official Form	106H).		

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Case number (if known) 23-18289

Paige

First Name Middle N				
Explain the Sources of Your	Income			
id you have any income from employm	ent or from operating a bus	siness during this year or t	he two previous calendar y	ears?
n the total amount of income you receive ou are filing a joint case and you have inc	ed from all jobs and all busin	esses, including part-time a	activities.	
	one that you receive togeth	ior, not it only office under Di		
Yes. Fill in the details.				
Tes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and	Sources of income Check all that apply.	Gross Income (before deductions and
	Check all that apply.	exclusions)	спеск ан тат арргу.	exclusions)
rom January 1 of current year until the	✓ Wages, commissions, bonuses, tips	\$14,782.82	☐ Wages, commissions, bonuses, tips	
ate you filed for bankruptcy:	Operating a business		Operating a business	
	1			
or last calendar year: lanuary 1 to December 31, 2022)	✓ Wages, commissions, bonuses, tips	\$47,219.00	☐ Wages, commissions, bonuses, tips	
YYYY	Operating a business		Operating a business	
or the calendar year before that:	☐ Wages, commissions,		☐ Wages, commissions,	
January 1 to December 31, 2021)	bonuses, tips		bonuses, tips	
YYYY	Operating a business		Operating a business	
ng a joint case and you have income that ✓ No	you received together, list it	only once under Debtor 1.		
☐ Yes. Fill in the details.	Debtor 1		Debtor 2	
	Sources of income	Grace income from	Sources of income	Gross Income from
	Describe below.	Gross income from each source	Describe below.	each source
		(before deductions and exclusions)		(before deductions and exclusions)
rom January 1 of current year until the ate you filed for bankruptcy:				
,				
or last calendar year:				
lanuary 1 to December 31, 2022 YYYYY				
or the calendar year before that:				
lanuary 1 to December 31, 2021				
YYYY				

Debtor 1

Camron

Document Page 42 of 60 Paige Case number (if known) 23-18289 Debtor 1 Camron First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Loan repayment ☐ Suppliers or vendors Other __ City State ZIP Code 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **✓** No Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street City State ZIP Code

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Case 23-18289-ABA Doc 10 Filed 10/15/23 Entered 10/15/23 12:03:37 Desc Main Document Page 43 of 60 Debtor 1 Camron **Paige** Case number (if known) 23-18289 Last Name First Name Middle Name 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√** No Yes. List all payments that benefited an insider. Total amount paid Amount you still Reason for this payment Dates of payment owe Include creditor's name Insider's Name Number Street City State **7IP** Code Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. **√** No Yes. Fill in the details. Nature of the case Status of the case Court or agency Pending Case title -On appeal Court Name ☐ Concluded Number Street Case number -City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ✓ No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name

City

Number

Street

ZIP Code

State

Property was attached, seized, or levied.

Explain what happened

Property was repossessed.

Property was foreclosed.

Property was garnished.

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Camron T. Paige Case number (if known) 23-18289

	Circt Na	dle Name Last Name		
	First Name Mid	2001141110		
	contributions to charities I more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Na	ame			
orianty or ta				
Number	Street	_		
Number	Silver			
City	State ZIP Code			
rt 6: Lis	st Certain Losses			
5. Within 1 ambling?	year before you filed for ba	ankruptcy or since you filed for bankruptcy, did you lose a	anything because of theft,	fire, other disaster, or
√ No				
Yes. Fi	ill in the details.			
				Value of successful and
	e the property you lost and	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	e the property you lost and loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	value of property lost
		Include the amount that insurance has paid. List pending	Date of your loss	value or property lost
		Include the amount that insurance has paid. List pending	Date of your loss	value or property lost
		Include the amount that insurance has paid. List pending	Date of your loss	value or property lost
how the		Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	value or property lost
how the lart 7: Lis	st Certain Payments or year before you filed for being bankruptcy or preparing	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf p	ay or transfer any propert	
how the last first 7: List 6. Within 1 bout seeking clude any	st Certain Payments or year before you filed for being bankruptcy or preparing attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf paga bankruptcy petition?	ay or transfer any propert	
how the last first 7: List 6. Within 1 bout seeking clude any	st Certain Payments or year before you filed for being bankruptcy or preparing	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required.	ay or transfer any propert uired in your bankruptcy.	y to anyone you consulted
how the last first 7: List 5. Within 1 pout seeking clude any last first No Layman Yes. Fi	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf paga bankruptcy petition?	ay or transfer any propert	
how the last	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required.	ay or transfer any propert uired in your bankruptcy. Date payment or transfer was made	y to anyone you consulted Amount of payment
how the last first	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required. Description and value of any property transferred	ay or transfer any propert uired in your bankruptcy.	y to anyone you consulted
how the last	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details. N LAW LLC to Was Paid ST ROUTE 70 350	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required. Description and value of any property transferred	ay or transfer any propert uired in your bankruptcy. Date payment or transfer was made	y to anyone you consulted Amount of payment
how the last triangle in the l	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details. N LAW LLC to Was Paid ST ROUTE 70 350 Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required. Description and value of any property transferred	ay or transfer any propert uired in your bankruptcy. Date payment or transfer was made	y to anyone you consulted Amount of payment
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rt 7: Lis 5. Within 1 bout seeking clude any No Yes. Fi CLAYMAI Person Whoth 1814 EAS Number Cherry Hi City	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition will in the details. N LAW LLC to Was Paid ST ROUTE 70 350 Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pg a bankruptcy petition? on preparers, or credit counseling agencies for services required. Description and value of any property transferred	ay or transfer any propert uired in your bankruptcy. Date payment or transfer was made	y to anyone you consulted Amount of payment
how the how th	st Certain Payments or year before you filed for baing bankruptcy or preparing attorneys, bankruptcy petition ill in the details. N LAW LLC to Was Paid ST ROUTE 70 350 Street ill, NJ 08003 State ZIP Code	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Transfers ankruptcy, did you or anyone else acting on your behalf pay a bankruptcy petition? On preparers, or credit counseling agencies for services required. Description and value of any property transferred Attorney's Fee	ay or transfer any propert uired in your bankruptcy. Date payment or transfer was made	y to anyone you consulted Amount of payment

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Campon T. Paige Case number (if known) 23-18289

	Camron	Т.		Paige		Case number (if kno	WII) 23 10203
	First Name	Middle	Name	Last Name			
Allen Cred	dit and Debt Counse	elina	Description	and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment
erson Who			Pre-bankrupt	cy debt counseling			
				.,			\$20.00
lumber :	Street						
							
			-				
City	State ZI	IP Code					
www.allen	credit.com						
	bsite address						
Debtor							
erson Who	Made the Payment, if	Not You					
				_			
lp you dea		rs or to ma	ake payments	to your creditors?	ting on your behalf pay	or transfer any property	to anyone who promised
√No			,				
Yes. Fill	I in the details.						
			Description	and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment
erson Who	Was Paid					transfer was made	
			_				
Number	Street						<u> </u>
lumber	Street						
lumber	Street						
lumber .	Street						
		IP Code					
Number S		IP Code					
Within 2 y linary cou lude both not includ	State ZI years before you fil urse of your busines outright transfers ar	led for bar ss or finar nd transfer	ncial affairs? rs made as se		anting of a security inter	operty to anyone, other the est or mortgage on your p	
Within 2 y linary coulude both on tinclud	State Zi years before you fil irse of your busines outright transfers ar de gifts and transfers	led for bar ss or finar nd transfer	ncial affairs? rs made as se	curity (such as the gra	anting of a security inter		
Within 2 y dinary could both of not included. No	State ZI years before you fil urse of your busines outright transfers ar	led for bar ss or finar nd transfer	ncial affairs? rs made as se	curity (such as the gra	anting of a security inter		
Within 2 y linary coulude both on tinclud	State Zi years before you fil irse of your busines outright transfers ar de gifts and transfers	led for bar ss or finar nd transfer	ncial affairs? rs made as se have already l	curity (such as the gra	anting of a security inter		
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Within 2 y linary cou lude both o not includ ☑ No ☐ Yes. Fill	State ZI years before you fil urse of your busines outright transfers ar de gifts and transfers I in the details.	led for bar ss or finar nd transfer	ncial affairs? rs made as see have already l	curity (such as the gra listed on this statemen	anting of a security internt. Describe any p	est or mortgage on your ports	Date transfer was
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Case 23-18289-ABA Doc 10 Filed 10/15/23 Entered 10/15/23 12:03:37 Desc Main Document Page 47 of 60 Debtor 1 Camron **Paige** Case number (if known) 23-18289 First Name Middle Name Last Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **√** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust ___ List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance instrument closed, sold, moved, or before closing or transferred transfer Name of Financial Institution XXXX--Checking ■ Savings Number Street ■ Money market Brokerage Other _ City State **ZIP Code** 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **✓** No Yes. Fill in the details. Do you still have Who else had access to it? Describe the contents it? □No Name of Financial Institution Name ☐ Yes Number Street Number Street City State ZIP Code

State

ZIP Code

City

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Camron T. Paige Case number (if known) 23-18289

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Mo Yes. Fill in the details.	22. Have you stored property in a storage unit or p ☑ No ☐ Yes. Fill in the details. Who e Name of Storage Facility Name Number Street Number City City State ZIP Code Part 9: Identify Property You Hold or Control 23. Do you hold or control any property that some of No ☐ Yes. Fill in the details. Where Number Street City City State ZIP Code Part 10: Give Details About Environmental For the purpose of Part 10, the following definition: ■ Environmental law means any federal, state, or substances, wastes, or material into the air, land cleanup of these substances, wastes, or material into the air, land cleanup of these substances, wastes, or material or utilize it, including disposal sites. ■ Hazardous material means anything an environr pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that years any governmental unit notified you that you that you waste the property of the property and proceedings that years any governmental unit notified you that you that you waste the property of the property and proceedings that years any governmental unit notified you that you waste the property of the property and proceedings that years any governmental unit notified you that you waste years and proceedings that years are property and years and years and years and years and years are property and years and years are property and years and years are property and ye	Paige	Case number (if known) 23	3-18289
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☑ No		you know about, regardless of wh	en they occurred.	
	√ No	u may be liable or potentially liabl	e under or in violation of an environmental la	aw?
Yes. Fill in the details.				
	Yes. Fill in the details.			

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otor 1	Camron	T.	Paige	Case number (if kno	own) 23-18289
	First Name	Middle I	Name Last Name		
			Governmental unit	Environmental law, if you know it	Date of notice
Name of si	te		Governmental unit		
Number	Street		Number Street		
			City State ZIP C	ode	
City	State	ZIP Code			
. Have vo	ou notified any gove	ernmental ui	nit of any release of hazardou	us material?	
√ No	a nomina any gov				
Yes. F	ill in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
Name of si	te		Governmental unit		
Number	Street		Number Street		
			City State ZIP C	ode	
City	State	ZIP Code			
Have ve	u boon a narty in a	ny judicial o	r administrative proceeding	under any environmental law? Include settlements	and orders
-	ou been a party in a	ny judicial o	r administrative proceeding	under any environmental law? Include settlements	and orders.
√ No	ou been a party in a	ny judicial o	r administrative proceeding	under any environmental law? Include settlements	and orders.
√ No		ny judicial o	or administrative proceeding of	under any environmental law? Include settlements a	
√ No ☐ Yes. Fi	ill in the details.		Court or agency		Status of the car
√ No	ill in the details.				

Case number

City

State

ZIP Code

Case 23-18289-ABA Doc 10 Filed 10/15/23 Entered 10/15/23 12:03:37 Desc Main Document Page 50 of 60 Paige Case number (if known) 23-18289 Debtor 1 Camron Last Name First Name Middle Name Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation ☑ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Name Number Street Dates business existed Name of accountant or bookkeeper _____ To _ City State **ZIP Code** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. **✓** No Yes. Fill in the details below. Date issued

MM / DD / YYYY

Name

Number

City

Street

State

ZIP Code

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			•		
Debtor 1	Camron	T.	Paige	Case number (if known) _	23-18289
	First Name	Middle Name	Last Name		

Part 12: Sign Below	
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I dec and correct. I understand that making a false statement, concealing property, or obtaining me bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or bo	oney or property by fraud in connection with a
/s/ Camron T. Paige Signature of Camron T. Paige, Debtor 1	
Date <u>10/13/2023</u>	
Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for	or Bankruptcy (Official Form 107)?
✓No	
Yes	
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy for	orms?
☑No	
☐ Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information	Fill in this information to identify your case:				
Debtor 1	Camron	T.	Paige		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankr	uptcy Court for the:		District of New Jersey		
Case number	23-1828	39			
(II KIIOWII)					

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

art 1: List You	ur Creditors Who Have Secured Clain	ns			
For any creditor below.	rs that you listed in Part 1 of Schedule D: Co	reditors Who Have Claims Secured by Property (Official Forn	n 106D), fill in the information		
Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?		
Creditor's name: SHELLPOINT MORTGAGE Description of property securing debt: SHELLPOINT MORTGAGE 817 Union Landing Rd Cinnamins NJ 08077-2005	SHELLPOINT MORTGAGE	☐ Surrender the property.☐ Retain the property and redeem it.	☑ No ☑ Yes		
	817 Union Landing Rd Cinnaminson, NJ 08077-2005	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.			
		☑ Retain the property and [explain]:			
Creditor's		☐ Surrender the property.	☑ No		
name: Description of property securing debt:	WESTGATE RESORTS LTD	Retain the property and redeem it.	☐ Yes		
	2017 Chevrolet Traverse	Retain the property and enter into a Reaffirmation Agreement.			
		☑ Retain the property and [explain]:			

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btor 1	<u>Camron</u> First Name	T. Middle Name	Paige Last Name	Case number (if known) 23-18289
		Personal Property		unting at a good Ungers is add a coope (Official Form 1000) fill in the
rmation b	elow. Do not list rea	l estate leases. Unexp		entracts and Unexpired Leases (Official Form 106G), fill in the till in effect; the lease period has not yet ended. You may assume are 2).
Describe :	your unexpired pers	onal property leases		Will the lease be assumed?
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			Yes
Lessor's na	ame:			☐ No
Dagariation	a of looped			☐ Yes
property:	n of leased			
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Descriptior property:	n of leased			☐ Yes
rt 3: Sig	n Below			
	ulty of perjury, I decla at is subject to an u		d my intention about any proper	rty of my estate that secures a debt and any personal
s/ Cam	naa T Daire			
	e of Debtor 1		_	
Data 10	/13/2023			

MM/ DD/ YYYY

	Casa	22 10200 AD	N Doo 10	Filad 10/	15/22 5	Entorod	10/15	22 12.0	2:27 Doco Ma	vin
Fill		to identify your case:					Ch		only as directed in this	
D	ebtor 1	Camron	Т.	Paige				1. There is	no presumption of abus	se.
		First Name	Middle Name	Last Name			1 1_		ulation to determine if a	
_	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				of abuse ap	oplies will be made und t Calculation (Official Fo	er Chapter 7
	nited States Bankru	, ,		District of Nev	v Jersey				ns Test does not apply military service but it co	
	ase number known)	23-18289								
— Of	ficial Form	122A-1] —	Check if th	is is an amended filing	
		Statement	of Vour	^urron	t Mont	hly In	com	Δ		40/40
	•									12/19
attac and beca with	ch a separate shee case number (if kr ause of qualifying h this form.	t to this form. Includ nown). If you believe	le the line number that you are exem plete and file Stat	to which the a poted from a p	ndditional info resumption o	ormation ap	oplies. Or cause yo	the top of u do not ha	ng accurate. If more sp any additional pages, ve primarily consumer 707(b)(2) (Official Form	write your name r debts or
1.	What is your mar	ital and filing status	? Check one only.							
	Not married. F	ill out Column A, line	s 2-11.							
		our spouse is filing v				2-11.				
		our spouse is NOT fi					. 5 "	0.44		
		he same household								
	under per		ou and your spous	e are legally se	eparated und	er nonbankı	ruptcy law	that applie	g this box, you declare s or that you and your 7(b)(7)(B).	
10 va ex	01(10A). For examparied during the 6 m	ole, if you are filing or nonths, add the incom	n September 15, th ne for all 6 months	e 6-month per and divide the	iod would be total by 6. Fil	March 1 thr Il in the resu	ough Aug ult. Do not	ust 31. If th include any	e this bankruptcy case e amount of your montly income amount more e nothing to report for a	hly income than once. For
							Column Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	s, salary, tips, bonus	ses, overtime, and	commissions	(before all pa	yroll	\$2	2,863.67	\$0.00	1
3.	3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. \$0.00 \$0.00									
4.	your dependents unmarried partner roommates. Include	any source which a , including child sup , members of your h de regular contributio ents you listed on line	port. Include regulousehold, your depons from a spouse of	ar contribution endents, parei	s from an nts, and			\$0.00	\$0.00	
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00	\$0.00					
	Ordinary and nece	essary operating exp	enses	- \$0.00	- \$0.00					
	Net monthly incor	ne from a business, p	orofession, or farm	\$0.00	\$0.00	Copy here →		\$0.00	\$0.00	
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00	\$0.00					
	. `	essary operating exp	enses	- \$0.00	- \$0.00					
				\$0.00	\$0.00	Сору				
	Net monthly incor	ne from rental or othe	er real property	Ψ0.00	Ψ0.00	here →		\$0.00	\$0.00	
7	Interest, dividend	s. and rovalties						\$0.00	\$0.00	
		, ,								

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Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse \$0.00 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: \$0.00 For you..... For your spouse..... \$0.00 9. Pension or retirement income. Do not include any amount received that was a \$0.00 \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$2,863.67 \$0.00 \$2,863.67 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11..... Copy line 11 here → \$2.863.67 Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. \$34.364.04 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. **New Jersey** Fill in the number of people in your household. \$205,010.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

Filed 10/15/23 Entered 10/15/23 12:03:37 Case 23-18289-ABA Doc 10 Debtor 1

Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 10/13/2023 MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

ACHI EVE PERSONAL LOANS 1875 S GRANT ST STE 400 SAN MATEO, CA 94402

NETCREDIT/TABLOC 175 W JACKSON BLVD CHICAGO, IL 60604

New Jersey American Water Po Box 371331 Pittsburgh, PA 15250-7331

NJ American Water 1 Water Street Camden, NJ 08102

ONEMAIN PO BOX 1010 EVANSVILLE, IN 47706

Alexis Paige 817 Union Landing Rd Cinnaminson, NJ 08077-2005

POLICE AND FIRE FEDE 3333 STREET RD BENSALEM, PA 19020

PSE & G Po Box 14444 New Brunswick, NJ 08906-4444 SALLIE MAE BANK INC PO BOX 3229 WILMINGTON, DE 19804

SHELLPOINT MORTGAGE 75 BEATTIE PL STE 300 GREENVILLE, SC 29601

SUNNOVA ENERGY CORPORA 24 GREENWAY PLZ STE 1515 HOUSTON, TX 77046

SYNCB/HOME DESIGN HVAC C/O PO BOX 965036 ORLANDO, FL 32896

SYNCB/PC RICHARD PO BOX 965036 ORLANDO, FL 32896

SYNCB/PC RICHARDS PO BOX 71757 PHILADELPHIA, PA 19176

SYNCB/SCORE REWARDS DC PO BOX 965005 ORLANDO, FL 32896

TBOM - GENESIS RETAIL PO BOX 4499 BEAVERTON, OR 97076 WEBBANK/ONEMAIN/FIS PO BOX 31535TA-74 TAMPA, FL 33631

WESTGATE RESORTS LTD 5601 WINDHOVER DR ORLANDO, FL 32819

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IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY CAMDEN DIVISION

N RE: Paige, Camron T.	CASE NO 23-18289
	CHAPTER 7
	VERIFICATION OF CREDITOR MATRIX
The above named Debtor hereby ve	ifies that the attached list of creditors is true and correct to the best of his/her knowledge.
Date <u>10/13/2023</u> Signa	rure /s/ Camron T. Paige Camron T. Paige, Debtor